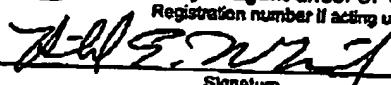


PTO/SB/22 (10-04)
Approved for use through 07/31/2008. G385 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) |
|---|-------------------------|--------------------------|
| FY 2005 (fees effective on or after October 1, 2004) | | 71748/7282 |
| Application Number 10/602,353 | Filed June 23, 2003 | |
| For RECTIFIER TYPE FREQUENCY DOUBLER WITH HARMONIC CANCELLATION | | |
| Art Unit 2816 | Examiner Le, Dinh Thanh | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | Fee | Small Entity Fee |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$66 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430 | \$215 |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980 | \$490 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1530 | \$765 |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2080 | \$1040 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1136. I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,048 | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | |
|  | | November 23, 2004 |
| Signature | | Date |
| Richard E. Wawrzyniak, Esq. | | 858-582-1311 |
| Typed or printed name | | Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22312-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450.

If you need assistance in completing the form, call 1-800-PTO-8787 and select option 2.

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PAGE 3/16 * RCVD AT 11/23/2004 6:27:58 PM (Eastern Standard Time) * SVR:USPTO-EFXR-10 * DMS:8729306 * CSID:8585520095 * DURATION (mm:ss):04:44

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

71748/7262

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 29 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 29 minus 20= | * 9 |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

11/23/09 CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 26 | Minus | ** 29 = |
| Independent | * 4 | Minus | *** 4 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY TYPE | | OTHER THAN SMALL ENTITY | |
|-------------------|--------|-------------------------|------------------|
| RATE | Fee | RATE | Fee |
| BASIC FEE | 375.00 | OR | BASIC FEE 750.00 |
| X\$ 9= | 81 | OR | X\$18= |
| X42= | 42 | OR | X84= |
| +140= | | OR | +280= |
| TOTAL | 498 | OR | TOTAL |

| SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|------------------|----------------|-------------------------|------------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR | X\$18= |
| X42= | | OR | X84= |
| +140= | | OR | +280= |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 26 | Minus | ** 29 = |
| Independent | * 4 | Minus | *** 4 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE ADDITIONAL FEE | | RATE ADDITIONAL FEE | |
|---------------------|--|---------------------|------------------|
| X\$ 9= | | OR | X\$18= |
| X42= | | OR | X84= |
| +140= | | OR | +280= |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 26 | Minus | ** 29 = |
| Independent | * 4 | Minus | *** 4 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE ADDITIONAL FEE | | RATE ADDITIONAL FEE | |
|---------------------|--|---------------------|------------------|
| X\$ 9= | | OR | X\$18= |
| X42= | | OR | X84= |
| +140= | | OR | +280= |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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